
MONTANA CERTIFICATE OF FINANCIAL RESPONSIBILITY

The Certificate of Financial Responsibility below is required to be on file at your facility or place of business. Your compliance inspector is required to inspect it for proper record keeping.

Arm 17.56.823(2) (F) RECORDKEEPING – An owner or operator using an assurance mechanism specified in ARM17.56.807 through 17.56.816 must maintain an updated copy of a certificate of financial responsibility (complete additional certificates if more than one facility is under the same ownership).

I, _____, hereby certify that facility name _____, Facility ID# ____- _____ is in compliance with the requirements of sub-chapter 8, ARM 17.56 by claiming the financial assurance coverage below.

The financial assurance mechanism(s) used to demonstrate under sub-chapter 8, ARM 17.56 is (are) as follows:

Type of Mechanism: (Check one or more)

PTRCB Fund ☐ Valid Operating Permit ☐ YES ☐ NO

NOTE: If PTRCB is checked, you must choose an additional mechanism to cover \$17,500.00 Co-payment requirement of the PTRCB fund.

Insurance ☐ Letter of Credit ☐ Trust Fund ☐ Stand-by Trust Fund ☐
Self Insurance ☐ Corporate Guarantee ☐ Surety Bond ☐

Name of Issuer: _____

Mechanism number: _____

Amount of coverage: _____

Period of coverage: _____

Does the mechanism cover?

- Taking corrective action ☐ Yes ☐ No
- Compensating 3rd parties for bodily injury and property damage caused by:
 - ✓ sudden accidental releases ☐ Yes ☐ No
 - ✓ non-sudden accidental releases ☐ Yes ☐ No
 - ✓ accidental releases ☐ Yes ☐ No

_____ signature of owner

_____ name of owner or operator

_____ title _____ date

_____ signature of witness or notary

_____ name of witness or notary

_____ date

_____ title (and rank)

_____ date commission expires

(seal, if any)